



## REPORT OF GRADE COMPLETION

O.R.# \_\_\_\_\_  
Date \_\_\_\_\_  
Amount P \_\_\_\_\_

	Date	Signature
Posted in:		
Stud. Perm Rec	_____	_____
Grade Sheet	_____	_____
Form 19	_____	_____
Computer	_____	_____

Date Issued : February 9, 2022 Valid Until: \_\_\_\_\_ Issued by: \_\_\_\_\_

Incomplete Grades Obtained : FIRST SEMESTER SY 2020-2021

Course No. and Descriptive Title: Litr 137- Mythology and Folklore Unit: 3

Name of Professor : JETT C. QUEBEC Department/Division: DLABS

College : CAS

Stud. No.	Name of Student (Note: Good for one student only.)			Course & Year	Course No./ Subject	Grade Upon Completion	Remarks
	Family Name	First Name	Middle Name				
	LARIOSIA	JOSHUA	L.	BSEd	Litr 137	2.00	PASSED

<b>Submitted by:</b>       <u>JETT C. QUEBEC</u> Instructor/Professor's Signature Over Printed Name Date: <u>Feb. 9, 2022</u>	<b>Approved:</b>       <u>JETT C. QUEBEC</u> Department Head Signature Over Printed Name Date: _____	<b>Received by:</b>       _____ Registrar's Office Signature Over Printed Name Date: _____
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Distribution of Approved Copy: 1 Registrar, 1 Student, 1 Dept. Head